

tas as interstitial, hypertrophic, and progressive neuritis of childhood. Scoliosis is very common in sciatica, and usually the convexity is toward the affected side. The position seems to be instinctively assumed in order to put the painful limb at rest. In some cases the convexity is toward the sound side, in other cases the convexity may alternate from one side to the other. Lumbar lordosis is not uncommon in progressive myopathy, and the peculiar gait observed in this disease has been compared to that of a duck (*démarche du canard*). Kyphosis has been observed in acromegaly as well as in the condition of osteo-arthropathy described by Marie, which closely resembles it.

Mirallié reports a case of hysterical scoliosis with cure. He thinks that in many of the cases of scoliosis of adolescence a history of some neuropathy in the ancestors may be obtained. SPILLER.

NEUROPATHOLOGY.

ASSOCIATION OF ACROMEGALY, EXOPHTHALMIC GOITRE, PHTHISIS AND GLYCOSURIA.

Medical journals frequently contain reports of cases of acromegaly, but the association of this disease with three other apparently diverse affections is so rare that it becomes of more than passing interest. An instance of this "remarkable combination" is recorded by Dr. George R. Murray in the *Edinburgh Medical Journal*, February, 1897.

Miss U., thirty-seven years old, single. At the age of twelve the thyroid gland became distinctly enlarged. From this time to the age of twenty she worked hard as teacher, and greatly suffered at night from a dull, aching pain in the left mastoid region. This pain gradually extended all over the head and became constant, while the thyroid gland increased in size, firmness and consistence. The expression of the face was fixed, denoting suffering of mind and body; forehead wrinkled transversely and vertically, and the supra-orbital regions were thickened. Eyeballs prominent, palpebral fissure narrow, upper eyelid drooping. The nose, lips and lower jaw typical of acromegaly. Most of the teeth are absent. Mastoid process large but normal in appearance. The thyroid gland quite large; the right lobe about the size of a hen's egg, the left nearly as big, while the isthmus was even larger than the right lobe. The spine of the seventh cervical vertebrae was large and prominent, and there was a slight anterior curve of the spinal column in this region. The second rib thickened on each side, while the junction between the manubrium and the body of the sternum was marked by a prominent ridge. Skiagraphs of a hand and foot were taken with the following result: The total enlargement of the hand is due to an overgrowth of the soft tissues. The shafts of the phalanges are thickened, but the ends do not appear to be larger than normal. Neither the metacarpal bones nor the phalanges are increased in length. The middle and terminal phalanges of each finger, the (proximal) epiphysis is separated from the shaft by a narrow line, indicating that complete osseous union has not yet taken place between the two. The foot shows the increase in the soft structures, but the outlines of the bones are not well marked to indicate whether any change has taken place in them or not.

The skin soft and moist, and freely perspired. The pulse frequent, 120-140 beats in the minute—regular, soft and compressible. Cough and expectoration present. Examination of the chest revealed tubercular consolidation, with softening of the upper part of the upper lobe of the left lung. The urine clear, pale, acid in reaction; sp. gr. 1035. The single sample which was examined contained 40 grs. of sugar to the ounce.

The same writer reports another case of acromegaly, in a woman sixty-three years old. The additional and interesting features of this case were the large cystic goitre and constant spasm of the left face.

Excellent photographs, skiagraphic and pictorial, accompany the reports. In commenting on his cases, the author remarks: Only a few cases have as yet been examined by the help of the Röntgen X-rays, so that the changes revealed are of interest. The skiagraphs show the great increase in the bulk of the soft structures of the hands and feet, an increased thickness of the shaft of each of the phalanges of the hand, and the absence of osseous union between the phalanges and their epiphyses. As far as the author is aware, this greatly delayed union of these epiphyses has not been described before in acromegaly; this is rather surprising, in as much as this disease is characterized by an increased formation of bone. The author has so far recorded five cases in which acromegaly and exophthalmic goitre have occurred simultaneously. In four of them there has been glycosuria, and in two phthisis as well.

ABRAHAMS.

CONTRIBUTIONS TO THE CLINICAL AND PATHOLOGICAL STUDY OF ACROMEGALY.

Dr. E. Conini, in the *Archivio per de Scienze Mediche*, Vol. XX., fas. 4, 1896, reports three cases of acromegaly. In the first case the objective symptoms of acromegaly are pronounced, the only subjective symptom being a slight morning headache. In the second case there is disturbance of vision, insomnia, symptoms developed rapidly—disturbance of sensation about the arms. Marked improvement followed the use of thyroïdine. In the third case muscular atrophy was present along with a peripheral neuritis. The autopsy on this case showed congestion of the pia; cerebral œdema; the pituitary gland enlarged so as to resemble a pigeon's egg, and softened; the posterior part of the sella turcica narrowed and deformed; normal size of the thyroid gland, weight gr. 100; no trace of persistence of the thymus gland; atrophy of the nucleus of the forearms and hands, which stood in contrast to the hypertrophy of the corresponding bones. Microscopical examination showed histological alterations in the hypophysis, in the thyroid, and a neuritis of the radial nerves.

RABIES.

Sweeny and Denny (*Northwestern Lancet*, 1896) report three cases of rabies. The first patient was a man of fifty-seven years. The period of incubation was about sixty days, and the first symptoms were a feeling of exhaustion, headache and pain in the back of the neck, followed by vague pains in the arm and shoulder. He was extremely nervous, and on examination (two days from the beginning) mentioned having received a bite from a stray cur about eight weeks previously. His face was flushed, and he complained of difficulty in swallowing water. "Taking the glass in his hand he held it shakingly, drew long breaths, finally holding his breath and swallowing it. There was a tremor of the hand and irritable respiration." Speech was husky, and words were momentarily forgotten. The urine had a specific gravity of 1035 and contained sugar. December 11th, two days later, he was delirious at times, talking to himself, but swallowed better. The pulse was hard and bounding, the urine had a specific gravity of 1030, and contained two grains of sugar to the ounce. December 19th it was noticed that the knee-jerks were absent, and that the grasp of the right hand was less than that of the left; The wrist tap was also diminished in the right side. December 22d the stupor had increased, and the next day the patient was rapidly failing; pupils were not contracted, there was some ptosis, external strabismus, slight